



MAY 30 2006

## TRANSMITTAL FORM

(to be used on all correspondence after initial filing)

ATTORNEY DOCKET NO.

70050.0007US1

U.S. APPLICATION SERIAL NO.

09/839,695

CONFIRMATION NO.

1785

FILING DATE

April 19, 2001

INVENTOR(S)

Naomi BALABAN

EXAMINER

Jana A. Hines

GROUP ART UNIT

1645

TITLE OF APPLICATION

METHODS AND COMPOSITIONS FOR THE TREATMENT AND PREVENTION OF  
STAPHYLOCOCCUS AUREUS INFECTIONSADDRESS TO:  
Mailstop Issue Fee  
Commissioner for Patents  
P.O. BOX 1450

ALEXANDRIA, VA 22313-1450

## ENCLOSURES

- Transmittal Form
- Revocation and New Appointment of Power of Attorney and Change of Correspondence Address (1 page, executed)
- Return Postcard

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## CORRESPONDENCE ADDRESS

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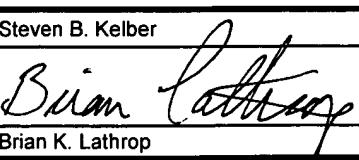
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NAME	Brian K. Lathrop	REGISTRATION NO.		43,740	



**REVOCATION AND NEW APPOINTMENT  
OF POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

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STAPHYLOCOCCUS AUREUS INFECTIONS**

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number

**23552**  
Patent & Trademark Office

to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest (See 37 CFR 3.71). A statement under 37 CFR 3.73(b) is enclosed.

**SIGNATURE of Applicant of Record**

Signature	<i>Naomi Balaban</i>		
Name	NAOMI BALABAN	Title	5.
Date	S. 11. 06	Telephone	508-435-1622
NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.			